

**Change of Address**

Do not attach this form to your return.

**3533****Part I Complete This Part to Change Your Home Mailing Address**

Complete this part if the address change affects individual income tax returns (Forms 540, 540A, 540 2EZ, or Long or Short Form 540NR)

▶ If your last return was a joint return and you are now establishing a separate residence, check the box. . . . . ▶ ☐

<b>1a Your first name</b>	Initial	Last name	<b>1b Your SSN or ITIN</b>
<b>2a Spouse's/RDP's first name</b>	Initial	Last name	<b>2b Spouse's/RDP's SSN or ITIN</b>
<b>3 Prior name(s)</b> See instructions.			
<b>4a Old address</b> (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.			Apt. no./Ste no.
<b>4b Spouse's/RDP's old address</b> , (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.			Apt. no./Ste. no.
<b>5 New address</b> (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.			Apt. no./Ste. no.

**Part II Complete This Part to Change Your Business Mailing Address or Business Location Address**Check **ALL** boxes this change affects:**6** ☐ Business, Estate, or Trust returns (Forms 100, 100W, 100S, 109, 199, 541, 565, or 568)**7a** ☐ Business, Estate, or Trust location (Also complete line 11)**7b California corporation number****7c Secretary of State (SOS) file number****8a Business, Estate, or Trust name****8b FEIN****9 Old mailing address** (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.**10 New mailing address** (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.**11 New business location address** (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address, see instructions.**Part III Signature**Please  
Sign  
Here  
(see  
instructions)

Daytime telephone number of person to contact ▶ ( ) - &gt;

Your signature

Date

If Part II completed, signature of owner,  
officer, or representative

Date

If joint return, spouse's/RDP's signature

Date

Title

**General Information**

For purposes of California income tax, references to a spouse, a husband, or a wife also refer to a California registered domestic partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

**Purpose**

Use form FTB 3533, Change of Address, to change your home or business mailing address or your business location. This address change will be used for future correspondence. Generally, complete only one form FTB 3533 to change your home or business address. If this change also affects the mailing address for your children who filed separate tax returns, complete a separate form FTB 3533 for each child. If you are a representative filing for the taxpayer, attach a copy of your form FTB 3520, Power of Attorney, to this form.

You may also call our toll-free number 800.852.5711 for a change of address. If you call the FTB and report a change of address, you do not need to file this form.

**Prior Name(s)**

If you or your spouse/RDP changed your name because of marriage, divorce, etc., complete line 3.

**Addresses**

Include any apartment number, suite number, or private mail box (PMB) in the address field. Write the "PMB" first, then the box number. Example: 111 Main St. PMB 123.

**PO Box**

If your post office does not deliver mail to your street address, show your PO box number instead of your street address.

**Foreign Address**

If your address is outside the United States or its possessions or territories, enter the information

in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Do not abbreviate the country name.

**Signature**

If you complete Part II, the owner, officer, or a representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who maintains a valid power of attorney to handle tax matters.

**Where to File**

Mail this form to:

**FRANCHISE TAX BOARD****PO BOX 942840****SACRAMENTO CA 94240-0002**

If you moved after you filed your return and you are expecting a refund, notify the post office serving your old address to assist in forwarding your check to the new address.